

# APPLICATION FOR VOLUNTEER

GRACE HOME INC 13435 Peach Ave Livingston, CA 95334 209-394-2440

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
Last First Initial

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street & Number City State Zip

IN CASE OF EMERGENCY \_\_\_\_\_  
CALL Name Address Relationship Phone

Are you over 16 years of age?  Yes  No

Are you volunteering because you have been assigned to for school/community service?  Yes  No

If yes: Who is your supervisor? \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours of service are required? \_\_\_\_\_ Due date? \_\_\_\_\_

What types of volunteer work can you offer? \_\_\_\_\_

What days and hours are you available? (include evenings and weekends if possible): \_\_\_\_\_

Highest Level of Education \_\_\_\_\_  
Grade School Vocation

Have you ever been convicted of a felony?  Yes  No

Do you have any physical condition which may limit your ability to perform?  Yes  No

If yes, please explain \_\_\_\_\_

Do you have any communicable diseases?  Yes  No

If yes, please explain \_\_\_\_\_

CHARACTER REFERENCES Persons who know you well - Do not include relatives or employers				
NAME	OCCUPATION	CITY	PHONE	YEARS KNOWN

Have you had any experience working in a nursing home or other activities programs?  No  Yes.

If you said "yes", please explain:

(OVER)

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Do you have skills which could be useful in volunteer work? Check those below which apply:

\_\_\_\_ Reading  
\_\_\_\_ Cooking  
\_\_\_\_  
\_\_\_\_  
\_\_\_\_ Painting  
\_\_\_\_ Ceramics  
\_\_\_\_ Crafts  
\_\_\_\_ Singing  
\_\_\_\_

\_\_\_\_ Typing  
\_\_\_\_ Maintenance  
\_\_\_\_ Gardening  
\_\_\_\_ Driving (own car)

List other skills which you have to offer:

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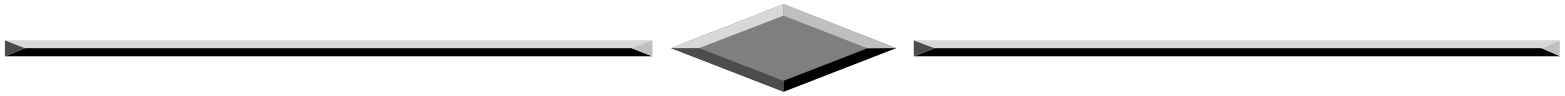
List three qualities you have which you think would help you in doing volunteer work with the elderly:

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Date \_\_\_\_\_ Signed \_\_\_\_\_



**For Staff Use Only:**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Orientation: \_\_\_\_\_

References verified:

Volunteer time and work offered: \_\_\_\_\_

\_\_\_\_\_

Completion (if applicable) \_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_